

**ARIZONA FORM
TPT-ES****Annual Estimated Payment Form For
Transaction Privilege Tax**

Mail to: ARIZONA DEPARTMENT OF REVENUE PO BOX 29010, PHOENIX AZ 85038-9010

112

7036
0390

State License Number (5)	(6) Taxpayer Identification Number <input type="checkbox"/> EIN <input type="checkbox"/> SSN
Estimated Payment Amount (7)	(8) Period Covered Month: 06 Year:

BD# For Department Use Only

Business name (1)		
Mailing address (2)		
City, state, ZIP code (3)		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Postmark	Receipt
(4)		
Taxpayer's signature	Date	Daytime phone number
Paid preparer's signature (other than taxpayer)	Daytime phone number	
Paid preparer's EIN or SSN		

Instructions for completing Form TPT-ES, Annual Estimated Payment Form for Combined Transaction Privilege, Telecommunication Services Excise and County Excise Taxes.

Attach Check Here Annual estimated payments of the transaction privilege, telecommunication services excise and county excise taxes are required, if a taxpayer's actual combined tax liability for the transaction privilege, telecommunication services excise and county excise taxes in the preceding calendar year was \$100,000 or more, or if the taxpayer can reasonably anticipate a liability for such taxes of \$100,000 or more in the current year. For purposes of the annual estimated tax payment, "taxpayer" is defined as the business entity under which the business reports and pays state income taxes, regardless of the number of business locations collecting the transaction privilege, telecommunication services excise and county excise taxes.

This estimated payment must be equal to either one-half of the tax due for the month of May or the tax due for the first 15 days of June. The due date for this estimated payment is the 20th of June. The payment must be postmarked by the 20th of June or received in the Department by the business day preceding the last business day of June.

Please double check that payment is enclosed with this form and that the state license number is on the check.

Estimated payments will not be applied to the June report if the payment is received after the filing of the June report. Any late estimated payments will be credited.

For Line-by-Line instructions, please see the back of this page.

Line-By-Line Instructions For Completing The Annual Estimated Payment Form

Please check your business name and mailing address. Make any necessary corrections.

Box 1, 2 and 3 - Name and Mailing Address

Enter as shown on your License.

Box 4 - Taxpayer's Name/Signature

Taxpayer must sign and enter daytime phone number.

If prepared by a paid preparer, that person must sign and enter their taxpayer identification number (TIN) and a daytime phone number.

Box 5 - State License Number

Enter your Transaction Privilege Tax license number, including the alpha letter at the end, under which the original Form TPT-1 was filed.

Box 6 - Taxpayer Identification Number

Enter your federal employer identification number or social security number.

Box 7 - Estimated Payment Amount

This figure should equal your actual transaction privilege, telecommunications services excise and county excise tax liability for the first 15 days of June or 50 percent of May's actual tax liability for these taxes.

Box 8 - Period Ending

Enter the year for which the estimated payment is to be applied. The month (06) has already been entered.

For assistance, call:

Phoenix (602) 255-2060

Other Arizona areas 1-800-843-7196

Hearing impaired TDD user

Phoenix (602) 542-4021

Other Arizona areas 1-800-397-0256